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FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2016 FEB -2 PM 12: 27

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5		
[Ameria Ciana, and					
ADDRESS (number and street) 5. ATY I LE O O I NICLO AT ALVIE I I I I I I I I I I I I I I I I I I					
Check if different					
than previously reported. (ACC)	B.t. Augusti	Siti. Augustiine [FIL] 13121018101-LII			
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲					
C0.0.5.8.1.3.4	3. IS RE	THIS NEW (N) OF	AMENDEI (A))	
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2	O (M2) May 20 (M	5) Aug 20 (M8	Nov 20 (M11) (Non-Election Year Only)	
(a) Quarterly Reports:	Due On: Mar 2) (M3) Jun 20 (M6	Sep 20 (M9)		
And 45	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10		
April 15 Quarterly Report (Q	1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)	
July 15 Quarterly Report (Q.	2) PRE-Election Report for the:	Convention (12C)	Special (12S)		
October 15 Quarterly Report (Q:		Convention (120)	Special (123)		
January 31 Year-End Report (YI	Floation	on		in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Report for the:	M M / D D /	· · · · · · · · · · · · · · · · · · ·	in the	
	Election	on L.		State of	
5. Covering Period 07 09 2015 through 12 31 2015					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Justin Breidenstein					
Signature of Treasurer	42-		Date 0 1	8 2516	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.					
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